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IFW

002489.P031

Patent**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of )

Sandeep Khanna et al. )

Application No. 10/000,158 )

Filing Date: October 31, 2001 )

For: COMPARAND GENERATION IN A )  
CONTENT ADDRESSABLE MEMORY )

Examiner: Farrokh, Hashem

Art Unit: 2187

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**INFORMATION DISCLOSURE STATEMENT**

Sir:

Enclosed is a copy of Information Disclosure Citation Form PTO-1449 or PTO/SB/08 together with copies of the documents cited on that form, except for copies not required to be submitted (e.g., copies of U.S. patents and U.S. published patent applications need not be enclosed for applications filed after June 30, 2003). It is respectfully requested that the cited documents be considered and that the enclosed copy of Information Disclosure Citation Form PTO-1449 or PTO/SB/08 be initialed by the Examiner to indicate such consideration and a copy thereof returned to applicant(s).

Pursuant to 37 C.F.R. § 1.97, the submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made and is not to be construed as an admission that the information cited in this statement is material to patentability.

Pursuant to 37 C.F.R. § 1.97, this Information Disclosure Statement is being submitted under one of the following (as indicated by an "X" to the left of

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\_\_\_\_\_ A statement pursuant to 37 C.F.R. §1.97(e) or

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- (1) A statement pursuant to 37 C.F.R. §1.97(e); and
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If there are any additional charges, please charge Deposit Account No. 02-2666.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Dated: 9/23, 2004

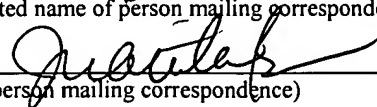
  
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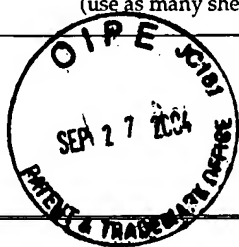
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(Signature of person mailing correspondence)

<b>Substitute for Form 1449A/PTO (Modified)</b> (use as many sheets as necessary)	<b>Attorney Docket No.:</b> 002489.P031	<b>Application Number:</b> 10/000,158
	<b>First Named Inventor:</b> Sandeep Khanna	
	<b>Filing Date:</b> October 31, 2001	



### U.S. PATENT DOCUMENTS

Exam. Initial*	Cite No. <sup>1</sup>	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Code <sup>2</sup>	Kind (If known)			
		6,373,758		Hughes et al.	4/16/02	
		6,445,628		Pereira et al.	9/3/02	
		6,525,987		Hilbert	2/25/03	
		6,691,252		Hughes et al.	2/10/04	
		5,046,046		Sweha et al.	9/3/91	
		5,088,066		Castro	2/11/92	
		5,319,589		Yamagata et al.	6/7/94	
		6,243,281		Pereira	6/5/01	
		6,275,406		Gibson et al.	8/14/01	
		6,597,595		Ichiriu et al.	7/22/03	

### FOREIGN PATENT DOCUMENTS

Exam. Initial*	Cite No. <sup>1</sup>	Foreign Patent Document			Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Office <sup>3</sup> Code <sup>5</sup>	Number <sup>4</sup>	Kind (If known)				

<b>Examiner Signature</b>		<b>Date Considered</b>	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Unique citation designation number. <sup>2</sup>See attached Kinds of U.S. Patent Documents. <sup>3</sup>Enter Office that issued the document, by the two-letter code (WIPO Standard S.3). <sup>4</sup>For Japanese patent documents, the indication of the year of reign of the Emperor must precede the serial number of the patent document. <sup>5</sup>Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup>Applicant is to place a check mark here if English language Translation is attached.

**Burden Hour Statement:** This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.



2/87

## FEE TRANSMITTAL FOR FY 2004

(FY 2004 Begins 10/01/2003)

TOTAL AMOUNT OF PAYMENT (\$) \$180.00

Complete if Known:

Application No. 10/000,158

Filing Date 10/31/01

First Named Inventor Sandeep Khanna

Examiner Name Farrokh, Hashem

Art Unit 2187

Attorney Docket No. 002489.P031

☐ Applicant claims small entity status. See 37 CFR 1.27.

### METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account

Deposit Account Number : 02-2666

Deposit Account Name: \_\_\_\_\_

☒ The Director is Authorized to do the following with respect to the above-identified Deposit Account:

☐ Charge fee(s) indicated below.

☒ Credit any overpayments.

☒ Charge any additional fees during the pendency of this application.

☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

☐ Charge fee(s) indicated below except for the filing fee.

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility application filing fee	_____
1002	340	2002	170	Design application filing fee	_____
1003	530	2003	265	Plant filing fee	_____
1004	770	2004	385	Reissue filing fee	_____
1005	160	2005	80	Provisional application filing fee	_____
SUBTOTAL (1) \$					_____

#### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

			Extra Claims	Fee from below	Fee Paid
Total Claims	_____	- 20** =	_____	X _____	= _____
Independent Claims	_____	- 3** =	_____	X _____	= _____
Multiple Dependent	_____			_____	= _____

\*\*Or number previously paid, if greater; For Reissues, see below.

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ \_\_\_\_\_

### 3. ADDITIONAL FEES

**SUBTOTAL (3)    \$ 180.00**

**SUBMITTED BY:**

**Signature:**

Date:

**Reg. Number:** 41,236

**Telephone Number:** (408) 720-8300

- 2 -